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Healing Plaza Dedication Trumpets Integration Success



Photo by Bernard S. Little

Leaders unite to unveil a bust of Walter Reed at the newly opened Healing Plaza in front of the America building at Walter Reed National Military Medical Center Friday.

By Bernard S. Little
WRNMMC Journal
staff writer

As the sun reflected off a black marble wall with the gold etching, “Walter Reed National Military Medical Center (WRNMMC), The coming together of the best of Army Medicine and the best of Navy Medicine to create the best of Military Medicine,” leaders at the Nation’s Medical Center and Naval Support Activity Bethesda (NSAB), spoke of the success of this integration Friday before a crowd gathered for the dedication of the healing plaza in front of the America Building.

Army Col. John Gaal, WRNMMC deputy commander for administration, called the ceremony “a celebration of a special place of healing and peace, [and] a testament to the commitment and fortitude of the staff of Walter Reed Bethesda who worked dili-

gently to remain focused on patients while moving into the future and honoring the heritage which shaped” the nation’s largest military medical center.

“Erecting buildings is easy,” said Capt. Frederick “Fritz” Kass, NSAB commander. “Building a culture is hard, and it takes time. In a way, this garden represents the building of a new culture from two terrific original pieces. In a fitting way, we’re taking a moment to not only look backwards, but also together looking forward, and this ceremony is a way to mark our progress on that journey.”

Rear Adm. Alton L. Stocks, WRNMMC commander, agreed the plaza is “a tribute to the histories and legacies of the two great military medical institutions that came before us.” Those institutions, the former Walter Reed Army Medical Center (WRAMC) and National Naval Medical

Center (NNMC), integrated to form WRNMMC in September 2011. “This healing garden is really a visible symbol of this successful integration and our culture. We’re new and we’re moving forward as one team here together.”

Stocks and Kass were joined by retired Lt. Gen. Eric B. Schoomaker, former surgeon general of the U.S. Army and commanding general of WRAMC, to cut the ribbon dedicating the plaza. The three, joined by WRNMMC Command Master Chief Terry Prince representing all enlisted service members at Walter Reed Bethesda, then unveiled the shiny, bronze bust of Maj. Walter Reed, which rest on a pedestal with the words, “Walter Reed ... 1851-1902 ... Bacteriologist, Research Scientist ... In Honor of His Great Work in the Fight for the Eradication of Yel-

See **HEALING** page 10

‘Helping People’ Inspires 30-Plus Year Career at Walter Reed Bethesda

By Bernard S. Little
WRNMMC Journal
staff writer

As Wallace Pyles reflects back on a career of more than 30 years at the former National Naval Medical Center (NNMC) and Walter Reed National Military Medical Center (WRNMMC), he says one of his proudest moments was on July 3, 2008, when then President George W. Bush helped break ground for construction of the Nation’s Medical Center — WRNMMC.

“The scope of the event, setting up for it, the presi-

dent being here and the coordination with the Secret Service, called for quite of bit of effort,” Pyles explained. “It all just fell into place, but hundreds of hours were put into coordinating for the event.”

The Maryland native said he’s also proud while working at WRNMMC, to have had the opportunity to meet every U.S. president since 1992. “Not many people can say that,” he adds.

A senior program analyst at Walter Reed Bethesda, Pyles is responsible for troubleshooting the various maintenance systems on base. He

coordinates and often leads efforts to resolve any problems without impacting patient care.

The reward in doing this comes from simply being able to help people, he added.

“I enjoy helping people,” Pyles says. “If I see someone struggling to put groceries in the car, I’m going to stop and help that person. My dad was my inspiration. He would say, ‘You always take care of your elders and people who need help.’”

Born and raised in Camp Springs near Andrews Air Force Base, Pyles added his father also instilled in him a

strong work ethic. “My dad always worked multiple jobs. He was from the viewpoint the man is the breadwinner. It was a treat sometimes to see him at home because he worked three or four jobs.”

Even as Pyles moves toward retirement soon, his plans aren’t to take it easy and go fishing, but continue to work much like his father. “I’ve run a heating and air conditioning company on the side, and I plan to do that more than just on nights and weekends.”

Pyles began working at the former NNMC in 1980 as an air conditioning tech-

nician, working his way to his current position.

“I met Wallace in 1981 where we both worked for Public Works in the Preventive Maintenance Shop,” said Albert Lofton, engineering technician at WRNMMC. “We maintained various types of heating, ventilation and air conditioning equipment in many of the buildings on the Base. A few years later he was promoted to a planner estimator.

“Wallace treated the place like home,” Lofton added. “He learned about all the

See **PYLES** page 6

Chaplain's Corner

The season of Ramadan will begin at sundown on July 8th. During the 30 days of Ramadan, Muslims fast as a sacred ritual practiced to bring cleansing and spiritual wholeness. It is common for many faith traditions to fast as a means of devotion, cleansing, and worship.

Fasting is an ancient and universal practice. The Romans, the Babylonians, the Cynic, Stoic, Pythagorean and Neo-Platonist philosophers commended fasting. Followers of Hinduism, Jainism, Confucianism, and Zoroastrianism practice it. Jews observe an annual fasting on the Day of Atonement in commemoration of the descent of Moses from Sinai after spending forty days of fasting in order to be able to receive revelation and Jesus observed fasting for forty days in the desert and commanded his followers to fast. In brief, the practice of fasting has been common in one form or the other in all human societies.

The thing that all of these religions have in common is that they use fasting to connect the spiritual heart with the physical heart. Many believe the body is a manifestation of the heart, and that the pains and illnesses of the body are a manifestation of the pains and illnesses in the heart. It stands to reason that until the heart is healed, the body will not change its complaints. And that the heart governs the body, so when it is in sound health, then the whole body is in sound health. The soul also has a heart, in Arabic it is called "Sadr," the heart of the spirit. Its wellness and perfection is attained by prayer and worship.



Therefore, fasting seeks to purify the soul, self, heart and mind of all impurities that tend to pollute them. The human body is composed of matter, which needs food, water and air for its survival, while the soul is a delicate entity whose growth and development is dependent on the renunciation of worldly and material things. The respective demands of body and soul are contradictory with each other.

Fasting reins in the material forces, thereby strengthening soul. Fasting is self-denial for a purpose; it brings focus to the mind and soul and uses physical discomfort to remind us of our spiritual dependence.

Some of the religious verses that mention fasting appear below:

"Oh you who believe! Fasting is prescribed to you as it was prescribed to those before you, that you many attain piety and righteousness" (Holy Qur'an, 2:183)

Peter 4:1-2 "Therefore, since Christ suffered in his body, arm yourselves also with the same attitude, because whoever suffers in the body is done with sin. As a result, they do not live the rest of their earthly lives for evil human desires, but rather for the will of God."

John 5:14-15 "This is the confidence we have in approaching God: that if we ask anything according to his will, he hears us. And if we know that he hears us -whatever we ask - we know that we have what we asked of him."

**Mohammed A. Khan, Imaam
Walter Reed National
Military Medical Center**

Bethesda Notebook

Pharmacy Hours

The Walter Reed National Military Medical Center (WRNMMC) pharmacies are no longer open on Saturdays. The Arrowhead Pharmacy's hours are Monday through Friday, 8 a.m. to 7 p.m., and the America Pharmacy's hours are Monday through Friday, 7 a.m. to 6 p.m. The Drive-thru Refill Pickup Point is open Monday through Friday, 8 a.m. to 6 p.m. The pharmacy will continue to provide 24/7 support for the Emergency Room and for all hospitalized patients. All pharmacies will be closed on the Fourth of July. On Friday, July 5, the America Pharmacy will be closed, but the Arrowhead Pharmacy in Building 9 and the Drive-thru Refill Pick-up location will be open from 8 a.m. to 4 p.m. For questions about pharmacy services, call the Pharmacy Call Center at 301-295-2123.

Prostate Cancer Support Group

The Prostate Cancer Support Group meets at Walter Reed National Military Medical Center the third Thursday of every month for discussions about prostate cancer. The next meeting will be July 18 from 1 to 2 p.m. and 6:30 to 7:30 p.m. in the America Building, River Conference Room (next to the Prostate Center), 3rd floor. Spouses and partners are invited. Military ID is required for base access. For men without a military ID, call Prostate Center at 301-319-2900, 48 hours prior to event for base access. For more information, contact retired Col. Jane Hudak at 301-319-2918 or jane.l.hudak.ctr@health.mil, or Vin McDonald at 703-643-2658 or upmjam@aol.com.

Free Financial Counseling

Free financial coaching for all service members, federal employees, contractors and family members is available at the Fleet and Family Support Center (FFSC) in Building 11. Assistance is available to analyze your credit report or credit scores, discuss retirement (Thrift Savings Plan) options, and create a budget. To schedule an appointment, or for more information, call 301-319-4087, or email ffsc@med.navy.mil.

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Army Medicine Continues its Wartime Advances

By David Vergun

Last month, the military medical community was notified that a new antibiotic drug is now available to treat Soldiers who have life-threatening, multidrug resistant bacterial infections.

Arbekacin is a new antibiotic treatment for multidrug resistant, or MDR, infections. Those types of infections may complicate wounds sustained by Soldiers in theater, said Col. Michael Zapor, an infectious diseases physician at Walter Reed National Military Medical Center, in Bethesda, Md.

Stopping a killer

"Of all the bacterial species found on the planet, relatively few are intrinsically multi-drug resistant pathogens," Zapor said. "In Iraq and Afghanistan, the bacterium known as *Acinetobacter* is one such MDR bacterium that has caused problems in our patient population."

Acinetobacter is commonly found in the water and soil of regions such as Iraq and Afghanistan, he said. Although it's intrinsically resistant to many antibiotics,



Source: Army.mil

Dr. (Col.) Michael Zapor, a staff infectious diseases physician at Walter Reed National Military Medical Center, treats Afghans during his 2010 tour there as a battalion surgeon with the 82nd Airborne Division. Six years earlier he did similar work in Iraq with the 10th Mountain Division.

it's not especially virulent and generally not problematic in humans unless their immune system has been severely compromised or

the bacterium is inoculated deep into macerated tissue, as would occur with massive open wounds resulting from battle injuries.

Infections caused by the bacterium were prevalent during the Vietnam War, he said. But at the time, *Acinetobacter* remained mostly

susceptible to antibiotics.

However, over time, resistance emerged and antibiotics became less effective against many pathogenic bacteria, including *Acinetobacter*.

"We're losing antibiotics much faster than new ones are coming through the pipeline and made commercially available," he explained. "In the 1950s, penicillin cured a lot of bacterial infections. Not so now."

Humans reproduce at around 20 years, he said, but bacteria reproduce maybe every 20 minutes. With prolonged exposure to antibiotics, they evolve over time to become drug resistant, he explained. They're survivors.

"Now, our *Acinetobacter* isolates are resistant to most antibiotics," he continued. "It's only a matter of time before pan-resistance emerges," thus, the urgency for a new antibiotic.

Slow process

In 2004, when Zapor was a battalion surgeon with the 10th Mountain Division in Iraq, he and colleagues

See **ADVANCES** page 8

Town Hall Briefs Staff on Strategic Plan

By Sarah Marshall
WRNMMC Journal
staff writer

A series of town hall meetings on June 25 updated Walter Reed Bethesda staff on the command's Strategic Plan and its many successes over the last year. The meetings also introduced staff members to new senior leaders, as others prepare to embark on retirement or new duty stations.

On Aug. 28, 2012, Walter Reed National Military Medical Center (WRNMMC) kicked off its Strategic Plan, outlining the command's mission and vision, and set forth several command-wide initiatives. The plan encompasses six pillars - service excellence, quality of care, research, readiness, education and business of health care - and each has its own objectives and initiatives. The pillars are based on foundations - people and resources. For each pillar and

foundation, senior leaders and staff formed groups to ensure all initiatives are met.

"Throughout the last year, quite a lot of work has been done," said WRNMMC Chief of Staff Col. Ramona Fiorey, attributing the many achievements throughout the command, to the Strategic Plan and its initiatives. "We wanted to bring this news to you."

Capt. David Breier explained the resources foundation's goals, such as providing greater transparency of the command's resources, and building internal and external partnerships. Several town hall briefings, leadership forums and board briefings have taken place, making the command's resources more visible, he said. Additionally, an online share point was created, allowing greater access to the command's budget.

"Our goal is to continue to give you updates as we move forward into FY13 and FY14, so you know at any given

time how our funding status looks," Breier said. To continue building internal and external partnerships, the pillar champion continued, "We've been working with the Department of Research to develop a plan so we can start getting reimbursements for some of our research projects."

Over the last year, the people foundation collected hundreds of comments from staff during a Gallery Walk, to hear their concerns on various command matters, said Col. John Gaal, people foundation champion. As a result of these suggestions, the postmaster system has been revamped. Postmasters are now released only once a day, with command priority information separated from general staff information.

"We [also] developed the 'Ask Your Leadership' site, so everyone can have an opportunity to submit questions," Gaal said. Through this site on the intranet, staff ques-

tions can go directly to leadership, and/or may be addressed at future town hall meetings.

Capt. David Larson, service excellence pillar champion, gave staff an update on the service excellence initiatives, geared toward meeting and exceeding the needs of patients, their families and staff. Since the Strategic Plan kicked off, his group has implemented "What I Do Matters" customer service training, reinforcing that each staff member's role is important in providing service to patients.

"You'll [also] notice there are now street signs in the hallways to help direct our patients and staff," Larson said.

Additionally, the group worked with the Information Technology (IT) Department and Strategic Communications to improve the medical center's intranet site. They also conducted an internal communications questionnaire to gain feedback from staff, to ultimately improve

how information is disseminated within the command.

"We're always looking for ways to improve the way we take care of patients, and the way we communicate," Larson said.

Maj. Dalmar Jackson told staff the business of healthcare pillar group aimed to improve access to care, including phone access. Making calls and appointing more efficient, the Integrated Referral Management and Appointing Center (IRMAC) has developed a specialty-care based routing, where staff are assigned to handle specific specialty care clinics, he explained.

The quality of care pillar helped quantify evidence-based practices by implementing an extensive Joint Commission Mock Survey, explained Lt. Col. Scott Petersen, pillar champion. In doing so, the group has concentrated on Healthcare Ef-

See **PLAN** page 6

Warriors and Families Show Resilience with Help from Focus Group

By Mass Communication Specialist 3rd Class Brandon Williams-Church
NSAB Public Affairs staff writer

The effect that an injury resulting in amputation, posttraumatic stress disorder (PTSD) or a mild traumatic brain injury (mTBI) has on family relationships is an aspect of medicine that does not get the attention it deserves.

Thanks to the Uniformed Services University of the Health Sciences' (USU) Center for the Study of Traumatic Stress Science Team (CSTS), the impact of physical and "invisible injuries" are getting a closer look.

Implemented at Walter Reed Bethesda in January, the Families OverComing Under Stress: Combat Injured (FOCUS-CI) group aims to shed light on the effects of combat injuries on all members of the family. The group focuses on the recovery of the injured veterans to see how they and their families can be helped over time.

"When somebody is injured, we want to look at how it affects their children and loved ones in their lives," said FOCUS-CI Coordinator Mona Mendelson. "It's what we would call psycho-educational. It's not therapy, its resiliency training. We perform skill teaching, skill building, emotional regulation, problem solving, family communication, family goal setting and communicating the injury with children. Sometimes, families aren't clear on how to talk to their children about the injury, so we help give some age and developmentally appropriate guidelines."

To qualify for the study, the service member or veteran must have experienced a combat injury (e.g., amputation, burn, paralysis, mTBI, etc.) within the past 5 years and either the veteran or the partner must have or take care of at least one child younger than 18 years of age.

According to CSTS, the capacity to resume and establish relationships that provide emotional closeness and

sexual togetherness can enhance or undermine individual health, relationship health and even the health of one's family. "Intimacy studies are ongoing in relation to PTSD," said FOCUS-CI Principal Investigator Dr. Stephen J. Cozza. "PTSD can impact the sense of intimacy because of avoidance or intensity of experience. What some survivors might do is try to bring the level of intensity from the battlefield into the relationship and this can be complicating to the partner to match that certain level. The challenge that mTBI's present is that they don't get identified or treated. The family might not understand the changes in the survivor and make false assumptions that it 'must have something to do with them.' This disorder powerfully impacts because of the cognitive and personality changes."

CSTS' main focus is to create an environment where families can confidentially share the successes and challenges they have experienced while adjusting to a combat injury,

learn more about the recovery process in relations to the injury, and provide families with skills to live a better life with the injury.

"Communicating with people within the family and outside the family can help the warriors in tremendous ways," said Cozza. "When we talk with people about our issues, we then become better problem solvers."

"What's helpful for these families is telling their story," said Mendelson. "I see families trying to show strength and resourcefulness that I can't imagine with some being as young as they are. A lot of these people are amazingly resilient. It impresses me these families are so young and have these serious injuries, and yet a lot of them are landing on their feet. I am just blown away by it."

To see if you qualify for the FOCUS-CI group or for more information, contact Mendelson at Mona.Mendelson.CTR@usuhs.edu or visit www.cifamilies.org.

Walter Reed Bethesda Receives National Award for Cancer Program Excellence

By Sharon Renee Taylor
WRNMMC Journal staff writer

The American College of Surgeons' (ACS) Commission on Cancer (CoC) presented Walter Reed National Military Medical Center (WRNMMC) with the 2012 Outstanding Achievement Award.

In a select group of only 79 U.S. health care facilities with accredited cancer programs to receive this national honor, Walter Reed Bethesda earned the national honor for surveys performed last year. The award acknowledges cancer programs that achieve excellence in providing quality care to cancer patients.

"This level of recognition of our Cancer Program by the national accrediting body again demonstrates our commitment to provide the finest care for all Warriors-past, present, and future; their beneficiaries and our veterans," explained WRNMMC Commander Rear Adm. Alton L. Stocks.

Walter Reed Bethesda boasts the only Department of Defense-designated Center of Excellence for Cancer Care, the John P. Murtha Cancer Center, dedicated with a formal ceremony in December 2012. "Our Cancer Program and Tumor Registry is once again validated as a top

program in the country, civilian or military," Stocks said.

The main elements of the John P. Murtha Cancer Center include Medical Oncology, Center for Prostate Disease Research, Gynecological (GYN) Cancer Center of Excellence, Breast Care and Imaging Center, Surgical Oncology, along with Pediatrics Hematology and Oncology. At its dedication, Army Col. (Dr.) Craig Shriver, director of the Murtha Cancer Center, described the facility as a "unique" interdisciplinary program encompassing WRNMMC's vast resources, as well as off-site research locations.

Evaluated on 29 program standards categorized within one of four cancer program activity areas involving leadership, data management, clinical services and quality improvement, CoC further reviewed the WRNMMC cancer program on eight commendation standards.

Established in 1922 by the ACS, the CoC is a consortium of professional organizations dedicated to improving patient outcomes and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care.

The Daily Grind Opens



Photo by Mass Communication Specialist 2nd Class Nathan Parde

The Daily Grind, a bakery and coffee shop in the Warrior Café at Naval Support Activity Bethesda, opened for business Monday.

Outstanding physicians, faculty and students recognized

National Capital Consortium Graduates More Than 200

By Sharon Renee Taylor
WRNMMC Journal
staff writer

Family, staff and instructors filled the Strathmore Music Center in Bethesda, Md., to watch more than 200 interns, residents and fellows graduate from 67 medical, dental and health-related training programs in the National Capital Consortium (NCC), June 21.

The group completed internships, residencies and fellowships at Army, Navy Air Force, and Department of Defense medical treatment facilities throughout the National Capital Region. More than 12 select graduates, faculty and staff members from Walter Reed National Military Medical Center (WRNMMC), Uniformed Services University of the Health Sciences, Fort Belvoir Community Hospital and Malcolm Grow Medical Clin-



Photo by Sharon Renee Taylor

More than 200 interns, residents and fellows graduate from 67 medical, dental and health-related training programs in the National Capital Consortium during a ceremony at the Strathmore Music Center in Bethesda, Md., June 21.

ic received special awards for excellence in teaching, practice and outstanding performance in Graduate Medical Examination (GME) programs.

"We are truly proud of you," WRNMMC Commander, Rear Adm. (Dr.) Alton L. Stocks, told graduates at the Strathmore ceremony.

Army Surgeon General and Commanding General

of the United States Army Medical Command, Lt. Gen. Patricia Horoho, served as keynote speaker.

Looking out into the sea of uniforms before her, she told the graduates any of them could work in the civilian world but they chose, "to wear the cloth of our nation and join a team of health care professionals that have the privilege to be able to fo-

cus on caring for those who are willing to put their lives on the line to defend our freedoms."

"Don't let this moment pass you by-enjoy every moment of it," Horoho said. "It's a day you should remember for the rest of your medical careers."

She congratulated the leadership of Stocks and Joint Task Force National Capital Region Medical Commander, Maj. Gen. Steve Jones. "Under their leadership, along with the faculty and the staff of Walter Reed, of Belvoir, of the Uniformed Services University, GME programs were reaccredited in all fields of GME study," Horoho said. "That's a tremendous accomplishment," said Stocks.

"We are the largest academic medical education in the Department of Defense with over 700 trainees at any one time. We have 67 gradu-

ate medical education programs and 20 allied health care programs, all being supported by a faculty of over 1,200. Significant is that our first time board pass rate is over 95 percent, which is far better than the national average for any program."

He explained graduates of NCC programs will embark to all corners of the globe: from the South Pacific to Europe, from Asia to the Middle East, and to military bases, ships and areas of conflict around the world. According to the commander, more WRNMMC trainees are involved in active research protocols than at any other medical center in the Department of Defense.

Stocks said many go on to present their research at national and international forums as well as publish in some of the most prestigious journals in the medical profession.



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NSAB Implements Gold Star Family Program

By Joseph Macri
NSAB Public
Affairs Officer

Naval Support Activity Bethesda (NSAB) will honor the sacrifices of Gold Star families with three new designated parking spots on the installation.

Gold Star families are the surviving parents, siblings and spouses of service members who have died in combat.

"Although a parking space seems like a trivial thing,

when compared to what these family members have gone through, it's one way of saying that they will always be a part of our military family," said Capt. Frederick "Fritz" Kass, NSAB's commanding officer.

The parking spaces are just one part of the Navy's Gold Star program, which will allow unescorted access to Gold Star family members who may not have it otherwise. This provides them access to certain services and

enables them to attend on base ceremonies and events, memorials, museums, and visit with other Gold Star program members.

According to Ryan Emery, NSAB's transportation program manager, the installation will have three reserved spaces that will be available shortly.

"The spaces will be located at the NEX, in the Patient Garage Building 55 and behind Building 11 with close access to the Fleet and Family Ser-

vice Center. We received the directive for these spaces and immediately went into action to bring them to fruition. NSA Bethesda is dedicated to providing support wherever we can and hold this cause in the utmost regard," he said.

Historically, mothers of fallen service members began calling themselves "Gold Star Mothers" during the World War I. Since 1936, the United States has been observing Gold Star Mothers Day on the last Sunday of September to

honor these mothers.

In 1967, Congress standardized the service banners and established the Gold Star lapel pins to issue to immediate family members of service members killed in combat, including those who have committed suicide in theater. The Next of Kin pin signifies a service-related death or suicide during active duty other than combat. In 2010, Congress designated Dec. 18 as Gold Star Wives Day.

PLAN

Continued from 3

fectiveness Data Information Set (HEDIS) indicators and their accuracy. These standards are used to determine health care effectiveness, and allow staff to ensure they are meeting patient care goals, he said.

To help make educational training opportunities more accessible to staff, the education pillar created a "one-stop" portal and training calendar for local courses, set up now on the intranet, explained Col. Michael Nelson, education pillar champion.

"We're very excited about that, and want you to access it," Nelson said.

With the number of educational opportunities avail-

able within the command, the group seeks to continue expanding those opportunities. The group has done so by hosting a trauma symposium, and bringing American College of Physicians training opportunities to staff.

"We have a lot to offer here," Nelson said.

The research pillar group set out to enhance and sustain research support services, and in doing so, conducted an external review of the command's research processes, explained Navy Capt. Brooks Cash, research pillar champion. This resulted in a re-organization in the Department of Research, with new forms and templates, and a new principal investigator guide, he said.

The research group also worked to promote the value of research at the command.

"Col. Nelson and his team,

along with Lt. Col. [Mary] Klote, conducted a very successful Research Week. That culminated in a number of prestigious awards and really highlighted a lot of the great research that continues to be done at Walter Reed Bethesda," Cash said.

The group also completed more than 100 cooperative research and development agreements (CREDA), Cash added, each documenting the medical center collaborating on a research project with a private company. "That process has significantly streamlined, as has the process of publication clearance," he said. "We'll continue to work on facilitating research."

The readiness pillar aimed to maintain and continue promoting a healthy workforce, Cmdr. Shawn Clausen informed staff. The readiness pillar champion ex-

plained the group assessed the command's Deployment Health Readiness processes, and combined seven separate requirements into a 2.5-hour appointment. As a result, she said the command's Medical Indeterminate Rate improved to less than two percent - well below the five percent maximum standard, Clausen said.

Thanking staff for attending the town halls, Rear Adm. Stocks went on to announce and welcome new leadership within the command.

Navy Capt. Phillip Perdue will be the new Deputy Commander for Surgery, while Air Force Col. Michael Adames will take on the role of Deputy Commander for Administration. Cmdr. John Rotruck will be the new President of Medical Staff, Cmdr. Darby will be the new Deputy Commander for Spe-

cial Assistants, and Army Col. Taylor Casmere will be the new Deputy Commander for Public Health.

Later this summer, WRNMMC Chief of Staff, Col. Fiorey, will go on to take command of Madigan Army Medical Center in Washington State. WRNMMC Commander Rear Adm. Stocks expressed his gratitude for her tremendous support and leadership over the last year, and in doing so, the two-star Admiral presented her with his set of one-star pins.

Col. Fiorey will be preceded in leadership by Navy Capt. Sarah Martin, who has previously served at the former National Naval Medical Center and most recently served at Navy Medicine Headquarters, the Bureau of Medicine & Surgery (BUMED).

PYLES

Continued from 1

utilities-water, steam and electrical feeds where they all go and what they serviced. All the engineers would go to him for drawings and building layouts. There was not one construction project that he was not involved with."

Loften recalled when a cold water line broke at the medical center one evening. "Wallace picked me up and within 45 minutes we arrived at the hospital to gallons of water flowing down the hallway. We crawled in the ceiling to try to locate the valve to turn off the water. After about an hour, we were able to secure the water and stop the flooding. We



Photo by Bernard S. Little

both returned home around midnight."

The engineering technician recalled another incident with Pyles. "One time we had to go to the roof of Building 1, the Tower, and if anyone knows Wallace, he walks fast and he does not

like waiting on the elevator, so he said, 'Let's take the stairs.' The Tower is 21 floors, and Wallace was taking three stairs at a time, and I was running up the stairs trying to keep up with him. By the time I got to the top - out of breath, Wallace was standing there laughing at me. I told him never again."

Loften explained Pyles is hands on in tackling issues as well. "One summer day some severe thunderstorms came through Bethesda, and we were informed a tree had fallen near the Uniformed Services University of the Health Sciences gate and onto Jones Bridge Road blocking traffic. Wallace and I went to assist the grounds contractor with the removal of the tree. Wallace jumped in there and asked the contractor for a chain saw and

started cutting up the tree, which wasn't a small tree. If you needed a third hand, you could depend on Wallace. He would never say no to anything.

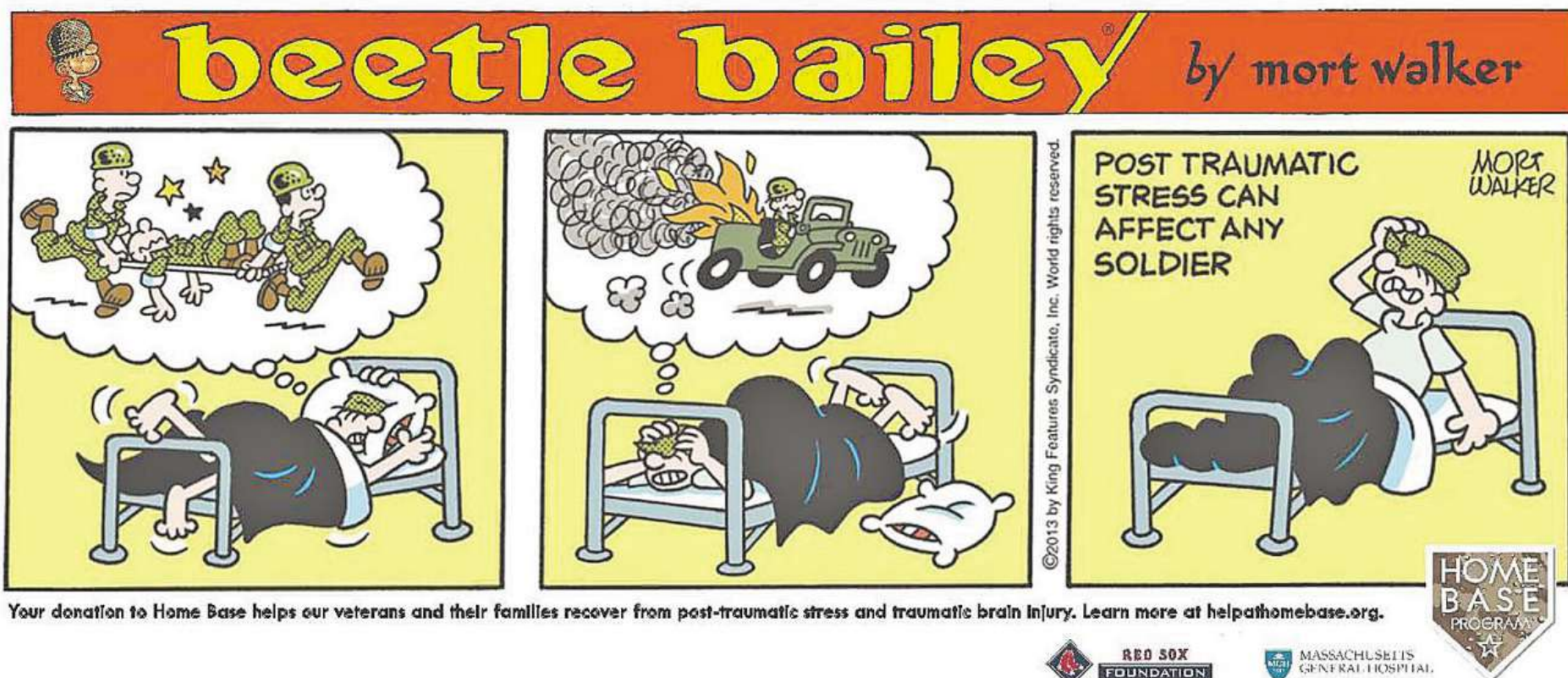
"What I will miss [because of Pyles' retirement] is I will not be able to walk over to his office when I have a problem and ask his advice as to how I should handle a problem," Loften said about his friend of more than 30 years. "Working in Facilities each day, we are faced with various types of maintenance problems and not having him around it will be a little bit more difficult. It never fails every Friday afternoon, an emergency comes up that needs to be addressed before going home, and you could count on Wallace to stay until it had been resolved."

Pyles said although he's found all the positions he's

had at Walter Reed Bethesda enjoyable, the one he said he found most rewarding was as a management analyst, tracking all maintenance system work from the time of their request to their completion. "I liked knowing where everything was and where everything was going," he said.

Also part of the MTEU team since 1992, Pyles has coordinated all of the facilities requirements, from painting, ceiling and floor repair, for VIP visits to the medical center. "He would arrive early the day of [the visit], and be readily available until the visit was over," Loften said.

"There are so many people I've worked with over the decades here, and they are who I will miss most after I retire," Pyles said.



Fans of the long-running comic strip “Beetle Bailey” got a bit of a surprise, June 16, 2013, when its creator, Mort Walker, chose to set aside his usual military-inspired humor to draw attention to a more serious subject, as part of a public service campaign by the Red Sox Foundation and Massachusetts General Hospital Home Base Program.

‘Beetle Bailey’ Draws Attention to Post-Traumatic Stress

By Bob Reinert
USAG-Natick Public Affairs

Fans of the long-running comic strip “Beetle Bailey” got a bit of a surprise June 16, when its creator, Mort Walker, chose to set aside his usual military-inspired humor to tackle a more serious subject.

That day’s three-panel strip showed Beetle Bailey experiencing the signs and symptoms of post-traumatic stress disorder, known as PTSD — including nightmares and trouble sleeping. The third panel reminds readers that “Post-traumatic stress can affect any Soldier.” That message from Walker helped kick off a public service campaign by the Red Sox Foundation and Massachusetts General Hospital Home Base Program to bring attention to the invisible wounds of war — post-traumatic stress and traumatic brain injury — during June, National PTSD Awareness Month.

The Home Base program, founded in 2009, has provided clinical treatment for more than 600 veterans

and family members, and has educated more than 7,500 clinicians nationwide about PTSD and traumatic brain injury, known as TBI.

In a video he recorded, Walker, an 89-year-old Army veteran of World War II, discussed why he used Beetle Bailey to help shed light on this issue.

“I feel so sorry for the veterans that have that post-traumatic stress,” Walker said. “I would do anything to help them — even one, even one, if I could.”

In the three-minute video, Walker talks about growing up in the Midwest, becoming a cartoonist, and developing the Beetle Bailey characters based on his Army experience.

“If you can make somebody happy, boy, I’ll tell you, that cures all kinds of problems that people have,” Walker said. “It’s my business, in a way, and I enjoy that part of it.”

Beetle Bailey is one element of the Home Base campaign’s series of messages about helping Iraq and Afghanistan veterans and their families recover from those invis-

ible wounds. Developed pro bono by advertising firm Hill Holliday, it features print, radio, online, and electronic billboards.

See the ads here <http://bit.ly/14lAndk> and listen to the radio spots here <http://bit.ly/110iVfw> and here <http://bit.ly/12hXV46>.

“There’s no greater honor than being of service to our veterans and military families,” said Mike Sheehan, Hill Holliday chairman. “We are honored to offer our resources, creativity and support to Home Base, and to raise awareness about post traumatic stress and traumatic brain injury. Returning veterans and their families deserve every resource available to help them adjust to life back home.”

Numerous media outlets contributed advertising space and time to the Home Base campaign.

“These messages are timely and urgent,” said retired Brig. Gen. Jack Hammond, Home Base executive director. “Although the war in Iraq has ended and more troops are returning from Afghanistan, it is critical that

we remember that for many veterans and their families, these wars have not ended and the return home has meant nightmares and difficulty sleeping, no longer feeling safe in everyday places, trouble concentrating, severe headaches and family stress.”

“The clinicians and staff of Home Base and all of our veterans and family members are so grateful for the talent and generosity of Hill Holliday in creating this unique and very powerful campaign. We are also grateful for the generous contribution of Mr. Mort Walker, and especially to our media partners, who have recognized the importance of this issue and made the decision to step up in support of our returning veterans and families.”

For more information about the Home Base program and its public service campaign, visit www.helpathomebase.org. To view Mort Walker’s video, go to <http://bit.ly/19vbCB0>.

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ADVANCES

Continued from 3

started seeing cases of Acinetobacter and knew that a new antibiotic was needed, and soon.

At the time, he said, Arbekacin was being used in Japan for the treatment of pneumonia and septicemia caused by methicillin-resistant Staphylococcus aureus, or MRSA. Zapor thought the drug might have promise for treating infections caused by other MDR bacteria, to include Acinetobacter.

Lab trials were initiated at Walter Reed, and Arbekacin was found to be effective against many isolates of Acinetobacter, as well as other potentially harmful bacteria like E. coli, Klebsiella pneumoniae, Enterobacter and Pseudomonas aeruginosa, as well as MRSA. The next step was to get it approved for use in humans.

Zapor drafted a human-use protocol with the U.S. Army Medical Materiel Development Activity, or US-AMMDA, as a sponsor. As the drug's principle investigator, Zapor was responsible for shepherding Arbekacin through the federal regulatory process for approving new drugs. It was harder than he ever imagined, he said.

Surprisingly, the Food and Drug

Administration was very receptive to a human-use protocol and encouraged his team to proceed, he said. But progress got mired down in scientific and institutional reviews and many painstaking revisions to the protocol were required.

The process dragged on for years, but he finally got the green light to proceed with the human-use protocol this month. Meanwhile, Soldiers wounded in Afghanistan continued to develop MDR infections.

"Isn't it ironic that approval was finally given at a time when the war is winding down and our population of wounded warriors is shrinking?" he said.

But Zapor said he knows regulators need to ensure drugs are safe for use, adding that the Department of Health and Human Services and Congress are very aware that the process should and could be better streamlined.

Moreover, pathogens will invariably become more drug resistant and Arbekacin remains available for future use.

Waiting to pop the cork

Zapor said he and the protocol's sponsors at USAMMDA intend to celebrate as soon as the first patient with an MDR bacterial infection is successfully treated with Arbekacin.

As of yet, however, no one has received treatment with Arbekacin. This is due to the protocol's intention-

ally strict eligibility requirements, designed to delay the emergence of Arbekacin resistance, he said.

Eligible patients include those with MDR infections of the lungs, urinary tract, soft tissues, skin, bones and blood, for whom other antibiotics are either ineffective or contraindicated. That means other antibiotics either won't work or produce undesirable side effects like allergic reactions, he said.

Also, the treatment will only be available at Walter Reed. This way, use of the antibiotic will be tightly regulated, minimizing the risk of the emergence of drug resistance.

Fortunately, there are far fewer war wounded these days so "we anticipate an infrequent need for Arbekacin at this time," he said.

Moreover, fewer Soldiers who get wounded are being infected with Acinetobacter, he said. The causes of this are probably multifactorial. For example, during the early part of the war, it was common practice to place wounded Iraqi and U.S. Soldiers side-by-side in intensive care units.

"However, we learned that the wounded Iraqi soldiers tended to be colonized with Acinetobacter" at a much higher rate than were the Americans, he said.

"One possible scenario is that as doctors and nurses moved from bed to bed, they might have unintentionally transmitted the bacterium between patients.

"Over time, the indigenous wounded were separated from the American wounded and the prevalence of Acinetobacter colonization among the latter declined," he continued.

Importance of army medicine

Without the support of Army medicine, it's doubtful Arbekacin would have ever been tested for use against MDR bacteria, he said. The Japanese, who licensed Arbekacin in the early 1990s, approved it for use against MRSA.

Although there were scattered reports of efficacy against other organisms, no role was envisioned for its use against MDR bacteria.

The Japanese were, however, very helpful in translating documents relating to their early studies into English for us, Zapor said.

"I truly think they were motivated by humanitarian reasons and an appreciation for our problem with MDR infections in our war wounded," Zapor said.

Moreover, the drug's manufacturer, Meiji Seika Pharma Corporation, has agreed to supply Arbekacin for the protocol at no cost.

Zapor said in the U.S. there was not much commercial incentive for the kind of research he and his team did with Arbekacin. But Army

See ADVANCES page 10

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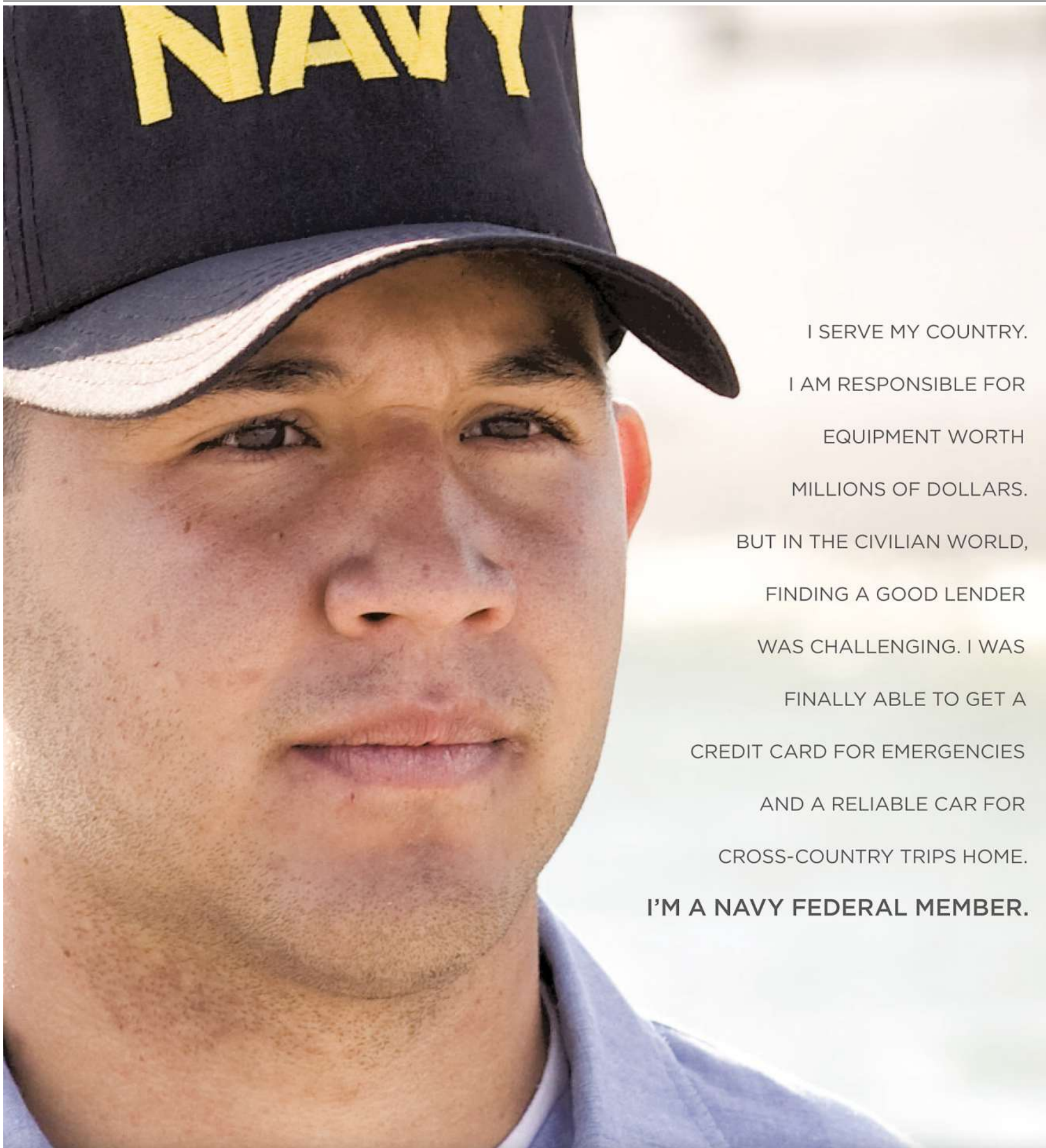
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ADVANCES

Continued from 8

medicine, he said, sees an incentive when battlefield injuries and illness dictate the need for a new drug or product.

Examples of that include the anthrax and hepatitis A vaccines, treatments for malaria, clotting bandages and recent improvements to devices like prosthetics and the Combat Application Tourniquet.

Zapor predicted that drugs for hard-to-treat fungal infections of wounds which are also problematic in wounded warriors will be the next candidates for new drug studies.

More potent and resistant pathogens are emerging all the time, he said, explaining there won't be any shortage of new work to do.

Just this April, for instance, a new virus, the MERS-CoV, was reported in Saudi Arabia. The fatality rate is around 65 percent, according to researchers at Johns Hopkins.

Someday, he said, Arbekacin resistance will emerge and the usefulness of that drug will be limited. "We're just hoping to stave off the inevitable."

Malaria

When Zapor was serving in Iraq, he said he didn't see a single case

of malaria except in those who had contracted it elsewhere.

That was not the case when he was deployed to Afghanistan in 2010, as a battalion surgeon with the 82nd Airborne Division.

"There is a lot of malaria there," he said.

There are five species of clinically relevant malaria in the world, he said, and Plasmodium vivax is the one most commonly found in Afghanistan. Although not as dangerous as the deadly Plasmodium falciparum, P. vivax can cause serious illness. Moreover, if inadequately treated, P. vivax infections can relapse.

Drug resistant malaria isn't widespread in Afghanistan. In most cases in which Soldiers are diagnosed, they did not comply with directives to take anti-malarial medication, he said. Also, some were not applying insect repellent or it became ineffective due to heavy sweating.

Q Fever

The illness "Q fever" is caused by inhalation of the Coxiella burnetii bacteria, found in the feces of birds and other animals as well as the placenta and amniotic fluids from birthing animals. The bacteria become airborne, usually by latching on to dust particles.

Acute infection is characterized by pneumonia and liver inflammation.

Chronic infection may result in

damage to the heart valves, Zapor said.

"Q fever is probably one of the more vexing infections we've had to deal with among troops returning from Iraq and Afghanistan," he said.

The reason, he explained, is that it is difficult to diagnose. Patients appear to have pneumonia, he said, and physicians may not suspect Q fever unless they also are able to detect damage to the liver and put the two together.

Once suspected, it is very difficult to definitively diagnose, he said, noting that there are only a few specialized labs that test for it and there may be discordance in results.

"You can get two different results from two labs," he said, adding that several years ago colleagues in the Armed Forces Infectious Diseases Society came up with guidelines in an effort to provide guidance for military physicians on diagnosing and treating patients with Q fever.

Unlike most other bacteria, C. burnetii is fastidious and cannot be grown in hospital laboratories. Instead, diagnosis involves looking for the presence of surrogate markers of infection, Coxiella burnetii antibodies in the blood, he said. However, there are several types of C. burnetii antibodies corresponding to different phases of the bacterium's growth and their levels rise and fall over time, confounding the interpretation of test results.

Patients who have suffered from Q fever can also suffer additional complications that come a result of the infection. One such example is damage to the heart valves, Zapor said.

Because of this, "there has been a lot of discussion in the military infectious diseases community about whether or not to test every Soldier coming back from theater or only those with respiratory infections," Zapor said.

Zapor said C. burnetii is found in the U.S., but Q fever is probably under-reported here. When it is di-

agnosed, it is usually in someone with an occupation that puts them at increased risk, such as veterinarians and farm workers.

Baghdad boils

A curious thing started happening when troops began arriving in Iraq and Afghanistan early in the war. Tiny sand flies were biting Soldiers who would then develop ulcerated skin sores, Zapor said.

As one can imagine, Soldiers who got these sores were alarmed, as were their commanders, who medically evacuated them, he said. Hundreds of Soldiers had their tours cut short by what they called the "Baghdad boil."

Actually, the disease is Old World leishmaniasis, caused by the Leishmania parasite and transmitted by sand flies, Zapor said.

Leishmaniasis was common among Soldiers serving in the Mediterranean and North Africa during World War II, but "over time, it was forgotten by the collective consciousness," he said.

The good news, he said, is that the disease is usually painless and clears up on its own without treatment.

As commanders came to realize that the threat was less ominous than originally supposed, he said, they opted to monitor those affected in theater instead of sending them stateside.

Over time, the incidence of the disease diminished. That was a result of improved living conditions for Soldiers, including sleeping quarters with air conditioning. With fewer Soldiers sleeping on the ground at night, fewer were exposed to the sand fly that carries the parasite.

As Soldiers deploy worldwide in regionally aligned units, Zapor said new pathogens will be discovered, and old pathogens will again rear their heads.

Army medicine, he said, will be there to protect them.

HEALING

Continued from 1

low Fever ... In Recognition Of The High Public Service of Major Walter Reed U.S.A."

The bust was created by Felix W. de Weldon, who also sculpted the Marine Corps War Memorial based on the photograph of five U.S. Marines and one Sailor raising the U.S. flag on Iwo Jima during War World II. The memorial is located just outside Arlington National Cemetery. The bust of Maj. Walter Reed was originally part of the memorial dedicated in 1966 on the grounds of WRAMC. When WRAMC integrated with the NNMC to form WRNMMC, the bust was moved to its new home, but not unveiled until the plaza was completed.


While the Maj. Walter Reed bust and a bronze healing fountain created by Vietnam Era Veteran Gerhard Ehlerding are located in the plaza's center, a U.S. Navy Fouled Anchor bas relief welcomes patients, staff and visitors to the healing plaza's northern edge, symbolizing the leadership role of "The Chief" in the Navy and Navy Medicine. The bas relief was secured from a façade of the former Senior Enlisted Barracks, Building 12 at NNMC. The building was replaced in 2009 by the National Intrepid Center of Excellence.

The black marble wall between the U.S. Navy Fouled Anchor and Maj. Walter Reed bust, also includes names of Medical Medal of Honor recipients, and paved alcoves around the plaza perimeter contain the emblems of the U.S. military branches.

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